



Medical Treatment Consent Form

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Did you know that in your absence, no one caring for your children can authorize their medical care without your written permission?

If you leave your child with a babysitter, family member or other caregiver while you are working or traveling, complete this form, have it witnessed and leave it with your caregiver. This will ensure that in an emergency, your child will receive prompt, necessary medical care even if you are not there to give consent.

Consent For Medical Treatment

In case of emergency, I authorize:

(Full Name) _____ of

(Full Address) _____ Tel: _____

to give consent during my absence for my child(ren) listed below to be hospitalized, have surgery or receive other necessary healthcare.

Child's Information (See page 2 for additional children covered by this Consent)

Child's full name _____ Date of birth _____

Insurance Company _____ Policy # _____

Child's Physician _____ Tel: _____

Important medical history (chronic conditions, allergies, reactions, etc.)

Parent(s)/Guardian(s) Information

Name _____ Tel: _____

Address _____

Signature _____ Date _____

Witnessed by: (Print Full Name) _____

Signature _____ Date _____

Medical Consent Form - Page 2

Other Children Covered by this Consent:

Child 2 Information

Child's full name _____ Date of birth _____

Insurance Company _____ Policy # _____

Child's Physician _____ Tel: _____

Important medical history (chronic conditions, allergies, reactions, etc.)

Child 3 Information

Child's full name _____ Date of birth _____

Insurance Company _____ Policy # _____

Child's Physician _____ Tel: _____

Important medical history (chronic conditions, allergies, reactions, etc.)

Child 4 Information

Child's full name _____ Date of birth _____

Insurance Company _____ Policy # _____

Child's Physician _____ Tel: _____

Important medical history (chronic conditions, allergies, reactions, etc.)

